

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.

☒ yes

☐ no

☐ Mr. Artist

THOMAS B. BELL

(Last Name Last)

Permanent

Address

1015 Vine St Kent Ohio

Street

City

44240

Zip

Tel. (1) 673 4654

Area Code

Temporary

Address

Street

City

Tel. ()

Zip

Area Code

Permanent address is in what county?

Portage

Born in Cuyahoga County

☐ Yes

☒ No

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

THOMAS B. BELL

ENTRY BLANKS

1

- ☐ 1. Paintings
 ☐ 2. Graphics
 ☐ 3. Photography
- ☒ 4. Sculpture
 ☐ 5. Electric
 ☐ 6. Crafts

Medium or Materials

Title

Price or NFS

Insurance Value
If NFS Only

Size

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. In Edition

Price
Unframed

Price of
Frame

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

FEE PAID

BY

2

- ☐ 1. Paintings
 ☐ 2. Graphics
 ☐ 3. Photography
- ☒ 4. Sculpture
 ☐ 5. Electric
 ☐ 6. Crafts

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